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PATENT APPLICATION FEE DE	

Application or Docket Number

Ellective November 10, 1998 (9/1107)											
CLAIMS AS FILED - PART I (Column 1) (Column 2)								L ENTITY	OR	OTHER SMALL	
FOR NUMBER FILED NUMBER EXTRA		EXTRA	RATI	FEE	1	RATE	FEE				
BASIC FEE				380.00	OR		760.00				
TOTAL CLAIMS 44 Minus 20= + 24				X\$ 9	= 216	OR	X\$18=				
INDEPENDENT CLAIMS 2 minus 3 = *					X39:		OR	X78=			
MULTIPLE DEPENDENT CLAIM PRESENT						1120	1	1	.000	· · · · · ·	
* If the difference in column 1 is less than zero, enter "0" in column 2							+130		OR	+260=	•
i i								L 596	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMAL	OTHER THAN SMALL ENTITY OR SMALL ENTIT				
A			AIMS		HIGHEST			ADDI-	1		ADDI-
AMENDMENT /		Al	IAINING FTER NDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE			RATE	TIONAL
	Total	* /	13	Minus	# 20	=	X\$ 9:		OR	X\$18=	/
	Independent	*	1	Minus	*** 3	= /	X39=	. /	OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+130:	= /	OR	+260=	
								AL	OR	TOTAL ADDIT, FEE	
ADDIT. FEEON ADDIT											
AMENDMENT B		REM Al	LAIMS IAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 1/	<u> </u>	Minus	- 20	= /	X\$ 9:	. /	OR	X\$18=	
	Independent	*	1	Minus	m 3	= /	X39=	/	1	X78=	1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				- - / -	OR		1			
			BE	ST AVA	AILABLE C	OPY	+130=		OR	+260=	
TOTAL OR TOTAL OR ADDIT. FEE									l		
,	10	(Col	umn 1)		(Column 2)	(Column 3)					
AMENDMENT C	J. 8/13/2	REM AI AMEN	AIMS IAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE
	Total	• 1	14	Minus	44	= 0	X\$ 9=		OR	X\$18=	7
	Independent	* NTATIC	ON OF M	Minus	PENDENT CLAIM	= 0	X39=	1/	OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= OR								/			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **TOTAL											
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											
The improvemental reviews in a line to the control of the control of the control of the appropriate box in column 1.											

FORM PTO-875 (Rev. 11/98)

*U.S. Government Printing Office: 1999 — 459-072/19142

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